2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2004 8:00 am Secretary of State DOCUMENT # N11919 1. Entity Name 02-26-2004 90022 009 ****61.25 HAMPTON LAKES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 15846 GLENARN DR 15846 GLENARN DR TAMPA FL 33618 **TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-3005480 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINETTE, ERIC Street Address (P.O. Box Number is Not Acceptable) 15846 GLENARN DR **TAMPA FL 33618** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition SANTIAGO, RONALD NAME NAME 15820 HAMPTON VILLAGE DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP CITY-ST-ZIP VPT Delete TITLE ☐ Change TITLE Addition ROBINETT, ERIC NAME NAME 15846 GLENARN DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition JACCARD, COLETTE NAME NAME 15824 GLENARN DR STREET ADDRESS STREET ADDRESS City-ST-ZIP **TAMPA FL 33618** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ROBINETTE, CORY NAME NAME 15846 GLENARN DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP CITY-ST-ZIP OD TITLE ☐ Delete TITLE ☐ Change Addition MILLS, STEFANY NAME NAME. 15805 HAMPTON VILLAGE DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP CITY-ST-ZIP OD TITLE TITLE ☐ Delete Change Addition FOREMAN, CHUCK NAME NAME 15828 HAMPTON VILLAGE DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

Eric Robinette

FILED